. S. No. 2
I—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

21334

State File No.

Registration District No. 96 Primary Registration District No. 4058 Registrar's No. 20

**1. PLACE OF DEATH:**

(a) County Caldwell

(b) City or town Hamilton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Caldwell

(c) City or town Hamilton
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lucinda Francis Boroff 610

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 12, 1850
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 89 | 8 | 25 | hr. min. |

9. Birthplace Wyandotte Co. (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Housemaid 1

11. Industry or business

FATHER
12. Name Henry Boroff 1
13. Birthplace (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Hannah Katy
15. Birthplace (City, town, or county) Va. (State or foreign country)

16. (a) Informant John Whitmire
(b) Address Kidder, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Highland, Hamilton, Mo.

18. (a) Signature of funeral director Bram & Sons
(b) Address Hamilton, Mo.

19. (a) June 8 1940 (Date received local registrar) (b) Merle Brown (Registrar's signature) 100

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 7, year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 8th, 1940, to May 10, 1940 that I last saw her alive on May 10th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema

Due to Progressive chronic myocarditis

Due to

Other conditions Abdominal tumor (about 30 lbs)
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93C
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. H. R. Elster (M. D. or other) DO
Address Hamilton Mo Date signed June 8, '40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 740-1183
Date Filed JUL 11 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**